

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County

State

Township

or Village

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

(If child is not yet named, make supplemental report, as directed)

3. Sex

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate?

8. Date of birth

(Month, day, year)

5. Number, in order of birth

Full term

9. Full name

FATHER

18. Full maiden name

MOTHER

10. Residence (usual place of abode)

(If non-resident, give place and State)

19. Residence (usual place of abode)

(If non-resident, give place and State)

11. Color or race

12. Age at last birthday

20. Color or race

21. Age at last birthday

13. Birthplace (city or place)

(State or country)

22. Birthplace (city or place)

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

28. If stillborn,

period of gestation

{ months or weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 12:02 P.M. on the date above stated (Born alive or stillborn)

(Signed)

M. D.

or

Midwife

Address

Filed

Registrar

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report

(Date of)

Registrar